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CENTRAL FAX CENTER****MAR 23 2004****DATE:** March 23, 2004**PTO IDENTIFIER:** Application Number 10/707,926-Conf. #1925
Patent Number**Inventor:** Gobinda Das et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** CONNOLLY BOVE LODGE & HUTZ LLPLarry J. Hume *LJH***PHONE:** (202) 331-7111**Attorney Dkt. #:** 21806-00146-US1**PAGES (Including Cover Sheet):** 8**CONTENTS:** First Preliminary Amendment (5 pages);
Amendment Transmittal (1 page); and
Certificate of Transmission under 37 CFR 1.8 (1 page).**NO FEE IS DUE.**

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PTO/SB/97 (12-97)

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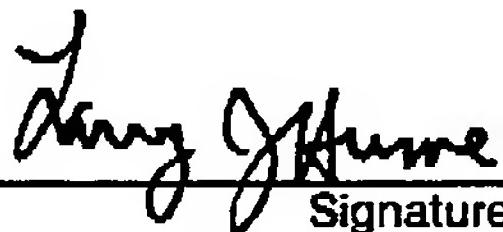
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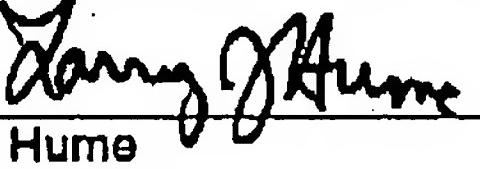
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First Preliminary Amendment (5 pages);
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AMENDMENT TRANSMITTAL LETTER				Docket No. 21806-00146-US1
Application No. 10/707,926-Conf. #1925	Filing Date January 26, 2004	Examiner E. F. Karlsen		Art Unit 2829
Applicant(s): Gobinda Das et al.				
Invention: TFI PROBE I/O WRAP TEST METHOD				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	18	- 20 =	x	0.00
Independent Claims	2	- 3 =	x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input checked="" type="checkbox"/> Large Entity		<input type="checkbox"/> Small Entity		
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
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<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>09-0456</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Dated: <u>March 23, 2004</u>				
Larry J. Hume Attorney Reg. No.: 44,163				
CONNOLLY BOVE LODGE & HUTZ LLP 1990 M Street, N.W., Suite 800 Washington, DC 20036-3425 (202) 331-7111				

Docket No.: 21806-00146-US1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Gobinda Das et al.

Conf. No.: 1925

**RECEIVED
CENTRAL FAX CENTER**

Application No.: 10/707,926

Art Unit: 2829

MAR 23 2004

Filed: January 26, 2004

Examiner: E. F. Karlsen

For: TFI PROBE I/O WRAP TEST METHOD

OFFICIAL

FIRST PRELIMINARY AMENDMENT

MS Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

March 23, 2004

Dear Sir:

INTRODUCTORY COMMENTS

Prior to examination on the merits, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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